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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 5449

<b>SERIAL NUMBER</b> 09/611,257	<b>FILING OR 371(c) DATE</b> 07/06/2000 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> 381092000721
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**APPLICANTS**  
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 David L. Baillie, Vancouver, CANADA;  
*DK 4/13/06*

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/346,794 07/02/1999  
 which is a CIP of 09/030,482 02/25/1998 ABN \*  
 which claims benefit of 60/039,204 02/28/1997  
 (\*)Data provided by applicant is not consistent with PTO records.  
*DK 4/13/06*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*NONE*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 08/23/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Examiner's Signature</i> Initials <i>DK</i>				

**ADDRESS**  
25225

**TITLE**  
Mammalian T-type calcium channels

<b>FILING FEE RECEIVED</b> 983	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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